



Teens Against Tobacco Use (TATU) Presentation Evaluation

Please do NOT write your name on this survey.

We are asking you what you think about the Teens Against Tobacco Use class. Your answers will help us to make our program better. You can skip any questions you do not want to answer.

1. How old are you?

- A. 10 or younger
- B. 11 or 12 years
- C. 13 or 14 years
- D. 15 or 16 years
- E. 17 or older

2. Are you:

- A. Male
- B. Female

3. What did you learn about in this class? *(Circle as many as you want)*

- A. Harmful effects of tobacco use (cigarettes and other tobacco)
- B. How to say "no" to tobacco use
- C. How the tobacco industry traps youth
- D. Harmful effects from secondhand smoke
- E. Why using tobacco doesn't make you more attractive or popular
- F. How to educate other youth and adults about the importance of being tobacco free.

4. Did this class give you good reasons NOT to smoke or use tobacco?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

5. Do you believe the information you received today is true?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

6. Would you tell your friends that this was an interesting class?

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No

7. Is there anything we can do to improve this class?

THANK YOU FOR TAKING THIS SURVEY!